



REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS	Application Number	101/101
	Filing Date	09/01/2006
	First Named Inventor	John Doe
	App ID#	101
	Examiner Name	John Doe
	Attorney/Agent Number	101/101

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners associated with the Customer Number

☒ Please change the correspondence address for the above-identified application to:

☒ The address associated with Customer Number

OR

<input type="checkbox"/> Individual Name			
Address			
City	State	Zip	
Country			
Telephone			

am the:

☐ Applicant/Inventor

☒ Assignee of record of the entire interest. See 37 CFR 3.71, Statement under 37 CFR 3.73, and of record (Form PTO/SB-55)

SIGNATURE of Applicant or Assignee of Record

Signature:

Name:

Date:

Telephone:

Small text at the bottom of the form, likely containing legal disclaimers or instructions.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.